
MEDICAL EXAMINER.

NEW SERIES.

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[Vol. I.]

Diseases of the Heart and Aorta. By W. W. GERHARD, M. D.

(Cases reported by T. L. WALKER, M. D.)

Case 1.—Aneurism of Aorta—Dilatation and Hypertrophy of Heart—Tuberculous Disease of Lungs, following an acute attack—Diagnostic Signs of Aneurism of the Arch.

R. R., coloured man, æt. 43, admitted on the 16th of Nov. 1841. Had inguinal hernia twelve years, otherwise perfectly healthy till last March. After exposure, cough, hoarseness, and a wandering pain of chest, chiefly confined to upper mediastinum, seized him. During past summer constipation and palpitations, with a sense of suffocation at times. As first seen, general emaciation; countenance anxious; breathing difficult; nostrils dilated; cough frequent, expectorates frothy mucus; voice harsh; tongue slightly coated. Pulse regular, small and feeble, 108.

Physical Signs.—Some fulness of left side. Percussion dull throughout, flat at bottom, nearly flat upon upper part of sternum; respiration feeble throughout left lung; puerile through right, with some mucous rhonchus. First sound of heart blowing and prolonged; second indistinct.

Pres. Pulv. Digitalis Hyd. C. Mit. et Ipecac.

Dec. 12th.—Slight ptyalism; pulse slower, 96, fuller; percussion on left side more resonant; still very dull over upper part of sternum; sounds of heart nearly natural. General improvement; no medicine; generous diet.

27th.—Strength gradually declined; emaciation increased; cough worse; expectorates nummular matter; percussion clear on left side, except over region of heart and sternum, from its top to near the middle, where it is flat; flatness extends one and a half inches beyond median line. Respiration at summit of right lung cavernous, with gurgling. Faint bruit de scie at the upper part of the sternum, corresponding with the flatness.

Feb. 7th, 1842.—Since 27th December strength and flesh wasted rapidly; cough continued troublesome, with abundant nummular expectoration; countenance very dejected; almost perfect aphonia, with deafness; orthopnoea; appetite gone; tongue fissured; pulse small and feeble, 120; extremities cold; cavernous respiration at summit of right lung, with crackling throughout upper lobe. Remained in the above distressed state till evening of the 9th, when he died.

Autopsy twenty-four hours after death.—Large limpid serous effusion in left pleura—a similar effusion in pericardium; left pleura adherent throughout by firm and semicartilaginous adhesions; a mass investing the trachea and top of sternum, filling upper portion of chest, was next observed. It was found to be a tumour five and a quarter inches in breadth, by four and five-eighth inches in length. When the aorta was opened the scissors passed into the tumour, which was a large aneurismal sac with the usual coagulum. The dilatation began two inches beyond aortic valves, and the aneurism terminated at the sixth dorsal vertebra. At upper portion of sac, the coa-

gulum for the thickness of one and three-eighths of an inch, consisted of white fibrous laminæ, the remaining half inch of softer reddish lymph; cavity would contain a body about the size of foetal head. Below, the artery is of a dark reddish tint, thickened with yellow patches of cartilaginous matter. Heart dilated throughout; right ventricle filled with soft coagulum; internal membrane slightly reddened, firm; membranes of valves of a normal tint; left ventricle filled with dark coagulum; tissue soft; mitral valve slightly thickened with some old deposits, but no recent vegetations; semilunar valves reddened, soft, not thickened.

At summit of right lung a large cavity with double membrane; several smaller cavities communicate in rest of upper lobe, containing red sanious matter; numerous tubercles in two lower thirds of right lung; in anterior portion tubercular infiltration almost displacing parenchyma; lung looks as if it was injected with wax. In stomach marks of chronic inflammation, particularly at pyloric orifice. Colon contracted through its whole extent. Liver paler than usual. Spleen and kidneys perfectly normal.

This case was of extreme interest from the difficulty in the diagnosis at the time of the entrance of the patient. The cough was then very violent, and the dyspnoea occurred in irregular paroxysms. As the disease advanced the cough increased, with yellow puriform sputa, thick and paste-like, as in most cases of rapid tuberculous softening. This expectoration coincided with crackling, and finally with gurgling at the summit of the right lung. At his entrance the respiration was blowing at the summit of the lung, and the percussion dull; there was therefore evidently a tuberculous deposition, which had softened while the patient remained in the hospital. But there were other symptoms which could not be accounted for by the tuberculous disease. The palpitation of the heart was at times considerable, but not constant; the pulse offered no aneurismal thrill; the impulse of the heart was increased, but not to an extreme degree; the sounds were both altered. It was evident, therefore, that the patient laboured under hypertrophy and dilatation. The second sound was much less affected than the first, because the semilunar valves were comparatively little altered. There remained the dull sound on percussion at the upper portion of the sternum, and the peculiar harshness of the voice, with paroxysms of coughing, and on one occasion a feeble though distinct bellows sound. The dulness on percussion could be explained only by the presence of a tumour beneath the sternum. The harsh peculiar tone of the voice, particularly after speaking for a short time, when the inspirations became long and noisy, almost as in whooping cough, and the paroxysmal nature of the cough could be explained also, only on the supposition that a tumour was pressing upon the trachea: the same alteration of the voice and paroxysmal cough occur in cases of enlarged bronchial glands, when their size is considerable enough to compress the trachea; and if the symptoms had occurred in a child, it would have been natural to refer them to this cause; but as such enlargements of the glands are rare in adults, it was much more probable to suppose that the tumour was aneurismal. This diagnosis was given at an early period to some of the clinical class; (by

one of them, Dr. Foree of Kentucky, these notes were preserved;) after the development of the bruit de scie the diagnosis was rendered more certain, but not altered.

The signs of aneurism of the aorta are often obscure. The strong pulsation which is often felt, depends merely upon the direction of the current of the blood; in the present case the form and situation of the fibrinous coagulum was such as to prevent the thrill.

The most important symptoms were therefore the dull percussion and the peculiar tone of the voice, resulting from the pressure upon the trachea by the aneurismal tumour. I had previously observed the same symptom in another case of aneurism, in which the symptoms were equally obscure; there was also the same paroxysmal asthmatic cough, very similar in both cases, and dependent upon the same cause—pressure in the trachea. The comparison of these different signs rendered the diagnosis nearly as certain as it is in those cases in which the tumour points externally, or the aneurismal thrill is extremely characteristic.

The origin of the case was remarkable. Making all due allowance for the possibility of previous aortic diseases, it is very certain that the symptoms either began, or at least suddenly increased after an acute attack of inflammation. This was undoubtedly aortitis, probably conjoined with endocarditis. The later discoveries have shown very conclusively that the larger number of heart diseases, especially those connected with valvular lesions, are the direct result of inflammation. The same rule holds good as to the majority of cases of thickening and dilatation of the aorta. The internal coat giving way, or the whole tissues of the artery becoming softened and losing their elastic resistance to the impulsion of the blood.

The therapeutics in a case so utterly hopeless, were of course almost nugatory. There is, however, a retrospective therapeutics; when the proper time of the application of remedies is lost, we may still deduce the rules necessary for their administration. When the symptoms of aortitis, such as pain, and strong pulsation and sawing sound, are found at the region of the aorta, we must continue the use of anti-phlogistic measures, and watch over the health of the patient until his entire restoration. Just as in cases of pleurisy with abundant effusion, the possibility of phthisis should be borne in mind, and the surest way of preventing it will be to watch the patient until the complete return of health.

Case 2.—Pericarditis—Endocarditis—Acute Tuberculous disease of the Lungs.

J. M., æt. 20, admitted Nov. 19th, 1842, Irishman; in America four months; well during passage; no palpitation; no shortness of breath; four weeks past got his feet wet and took cold; hoarseness two days after, then a cough, which has been dry since; lately expectorates a little mucus; no pain, except after coughing, then severe; can lie on either side.

As first seen, of moderate muscular development, slight febrile flush; dila-

tation of nostrils; respiration thirty-two, high and laboured; pulse 112, thrilling, regular and compressible; little motion of left side of chest; fulness at inferior portion of left side, none at precordial region; thrilling distinct in large arteries of neck; distension of veins of neck. Percussion, anteriorly on right, clear; on left, dull at summit, flat at fourth rib from sternum to an inch beyond left nipple; dull in axilla; purring felt over heart; second sound of heart almost lost; first sound, opposite semilunar valves, sharp and rough; over middle of heart more dulness with friction sound. Posteriorly of left side, respiration inferiorly feeble; no ægophony; percussion dull. R. Pulv. Digitalis, gr. ss. 3 in die. Cut cups over heart.

22.—No change of countenance, except less dyspnœa; no œdema; less thrill of heart; first sound prolonged bellows; the same heard in second sound; variable friction heard over sternum. R. Digitalis gr. $\frac{1}{2}$, 5 in die.

24.—Less oppression; sounds of heart as before. Treatment continued.

Dec. 3.—Improvement continues; no general symptoms, except cough; pulse still thrilling; bellows sound of heart diminished; impulse still diffused; flatness over heart perfect. R. Digitalis gr. ss.; Assafœt. gr. v. ter in die.

10.—With symptoms of pneumonia; cheeks flushed; no dilatation of nostrils; tongue moist, slightly coated; pulse more frequent and thrilling; cough great at night; bronchial respiration at lower posterior part of right lung, with subcrepitant rhonchus.

18.—Loose subcrepitant rhonchus below both clavicles; increase of dyspnœa, and flush of face; expectoration purulent and nummular; tuberculous action of heart blowing, but with less bellows sound.

20.—Face during day frequently flushed; cough oppressive; no chills; expectoration yellow, homogeneous and paste-like; some tremors; great fever; skin, except at flush, pallid; tongue moist, slightly sallow; bowels open. Percussion, anteriorly of left, dull; flatness over region of heart; percussion of right moderately clear; slightly dull at summit; mucous rhonchus heard at summit of left; inferiorly, traces of bronchial and mucus with vesicular; diffused action of heart over large space; loose crackling, with imperfect cavernous respiration at summit of right lung; inferiorly vesicular, with some mucous rhonchus; posteriorly, percussion dull at summit of both lungs; at summit of right, pectoriloquy and cavernous respiration heard; at left, crackling.

Jan. 10.—Since last date very little change; face flushed; pulse quick and frequent, 150; dyspnœa constant; no sweats or chills for a week; bowels open twice only during twenty-four hours; severe diarrhœa for some days; voice hoarse; tongue coated and moist; cough frequent, chiefly at night; expectoration purulent, gum-like and nummular; respiration high, 28; loose mucous crackling heard in both lungs. These symptoms were more or less severe until the 18th, when he expired.

Autopsy twelve hours after death.—Three pints of a thick ropy liquid in right pleura; right lung, externally, of a light gray colour; pleura thickened and firm, but contains no tubercles; tubercular infiltration in upper and middle lobes of the lung; much softened in the centre, where there are commencing cavities containing a white cheesy matter, exuding on pressure; lower lobe congested, bright red colour, infiltrated with tubercles, but less softened; left lung of bright red; injection throughout with abundant tubercular deposition; one large cavity at summit of lung; many smaller ones

scattered through, making it cerebriform. Upwards of a pint of fluid in pericardium; opaque depositions of coagulable lymph on its surface, with a bright injected spot at upper part; heart little larger than natural; right ventricle natural, but contains a large organized coagulum; valves natural; left ventricle hypertrophied, and slightly dilated; its internal surface presents patches of redness, in most places of a pale dull tint; brighter near the valves than elsewhere. From the shading of the colour and the paleness of it in certain parts, the redness is evidently less than it must have been during the active stages of the inflammation. The mitral valve is thickened from deposition of organized pale lymph, intimately adhering to the internal membrane. The semilunar valves are of a much more intense red than the rest of the endocardium, with minute granulations of lymph closely united to them, and at the same time are thickened from interstitial deposition between their folds.

The mucous membrane of the stomach was slightly injected and softened; there was some patches of inflammatory redness in the upper portion of the small intestine.

The mucous membrane of the colon was of a pale slate colour, softened with superficial ulcerations. Cyrrhosis and hypertrophy of the liver; softening and enlargement of the spleen; kidneys lobulated, but essentially healthy.

From this sketch of the history and of the pathological appearances, it is plain that the case presents several points of resemblance with the last; the patient entered labouring under severe endo-pericarditis, which gradually subsided without entirely disappearing. During the acute period of the disease the attention of the clinical class was frequently called to the case, as a remarkable illustration of the symptoms of acute cardiac inflammation. There were, however, some unusual symptoms; the pulse was extremely frequent, and offered the peculiar quick jerking movement so common in acute phthisis; the flush of the cheek was more constant and brighter than in ordinary cardiac inflammation, and the sweats were more frequent. As the phthisis advanced these symptoms became more decided, and those which were immediately connected with the heart, diminished in intensity.

There is no doubt that the tuberculous disease of the lungs was already forming at the time of the patient's entrance; probably its origin was simultaneous with inflammation of the heart; that is, the acute tuberculation was accompanied with a local inflammation of the serous membranes of the chest; but instead of its being limited to the pleuræ, the membranes of the heart were the seat of it. The early development of the tuberculous disease explains the inefficacy of the treatment; for although the uncomplicated serous inflammations are in general readily removed, those cases in which they are connected with acute tubercles are most intractable.

To the Editors of the Medical Examiner.

GENTLEMEN,—Though induced by considerations of a private nature to resign the immediate responsibility of co-editorship with you, permit me to

express my readiness to serve the interests of your Journal, to the extent of my ability, in any manner which you may deem desirable.

I regret that this offer is, at best, but a poor return for the uniform courtesy and kindness received at your hands during our short term of official association. In the hope that this change of relation may render my humble labours rather more than less useful to yourselves and your subscribers, I forward you another of the series of surgical notes commenced in a recent number of the Examiner.

Yours, very sincerely,
REYNELL COATES.

Philadelphia, April 12th, 1842.

Contributions to Surgery.

BY REYNELL COATES, M. D.

Note on the means of avoiding Excoriations of the Heel and Perineum in Fractures of the Lower Extremities, treated by Permanent Extension.—

The experience of the Pennsylvania Hospital during the House-surgeoncy of Drs. J. R. Barton, B. H. Coates, Ritchie and the writer, covering a period of more than ten years, sufficiently established the fact that, with due care and a close attention to little niceties in dressing, fractures of the thigh may be generally treated in the extended position without danger of excoriation. Yet, with certain forms of apparatus, abrasion, and sometimes deep ulceration to an exceedingly embarrassing extent occurred in a large majority of cases. From the time of John Bell's philippics against Dessault and Physick—the great advocates of the extended position—down to the present moment, the accidents just mentioned have furnished the most forcible arguments of the enemies of the method; and my attention was drawn, very early in professional life, to the investigation of the true causes of these excoriations. Firmly believing them all to be entirely independent of the essential actions of the apparatus, and due exclusively to errors of construction in the minor details, or to seemingly slight, but really important faults of manipulation, I have no hesitation in expressing the opinion that ulceration or excoriation may be not only avoided by proper precautions in almost every case, but that, in most instances, when they have been already produced by a want of care, they may be healed without much difficulty, without any important intermission of the extension of the limb. Let us then examine the causes of these dreaded accidents.

In the eleventh number of this volume, (p. 164,) I have spoken of the slightness of the effort required to effect the gradual but rapid reduction of fractures of the thigh, and the great increase of the force necessary when the muscles of a shortened limb have been allowed to accustom themselves to their contracted condition for several hours. If, then, we employ extending or counter-extending bands of yielding materials, we must calculate upon their becoming stretched from time to time so as to permit a certain degree of overlapping of the fragments from muscular contraction, and an inevitable increase of the force required for ultimate reduction. The enhanced pressure thus rendered necessary is among the principal causes of excoriation.

The articles usually employed for the purpose of extension, in the Pennsylvania Hospital, have been the simple or stuffed buckskin gaiter with its

well known appendages of tape, the folded silk handkerchief, and the peculiar bands introduced by myself in 1820. The gaiter, in its simplest form, is a piece of soft buckskin made to cover the tendo Achillis, and—sweeping around the ankle so as to cover the malleoli,—to meet on the front of the leg and top of the instep, where it is secured by lacing with a thong of the same material, passed through a series of eyelet holes, and intercrossed over a tongue. The lateral parts of this gaiter sweep downward by a convex curve, until their edges reach a little below the sole. To a worked eyelet hole on each side is appended a long piece of tape, to be employed as the direct means of extension; and the tapes are used, for this purpose, with or without the aid of a foot-board, screw, spring or weight, according to the peculiar mechanical notions of the attending surgeons. But these last named pieces of apparatus will be reviewed hereafter.

As the lateral eyelet holes are the only portions of the gaiter which require preparation by the needle, no stitch or other irritating projection is presented to the skin; and nothing can be more bland in its action than a dressing of soft buckskin applied directly to the cuticle. Moreover, it becomes very readily stretched, so as to adapt itself pretty closely to the form of the parts which it covers. But there are two serious inconveniences attendant on the use of this most popular of all extending bands. Firstly; it prevents the accurate admeasurement of the limb, which cannot be effected otherwise than by ascertaining the distance between the superior spinous process of the ilium and the point of one of the malleoli; and, secondly; the material yields so readily to extension, that it is incapable of resisting the contractile force of the great muscles of the thigh in a vigorous patient. It is true that this disposition to stretch under the action of the tapes continually decreases from day to day; but it is so considerable for several days that the surgeon is compelled to pay almost hourly attention to the condition of the bands during the first week, if he wish to prevent considerable shortening, to which the muscles are continually becoming accustomed during his absence. For this reason, also, there is a perpetual temptation to employ undue extending force to compensate for the yielding of the gaiter. Again: as the leather loses its capacity for stretching, it is exceedingly apt to be thrown into irregular folds on the back of the heel and summit of the instep, where the pressure is greatest; and these folds are exceedingly fertile sources of excoriation.

The value of the simple buckskin gaiter may be briefly stated thus:—In hospital practice, when great caution is used by a resident surgeon, a fractured thigh may be brought to the full length by its means in a majority of cases, and excoriations of the heel do not very often occur; but the management of the case is generally troublesome to the operator, and very annoying to the patient, from the frequent occasion for examination and measurement;—the latter always requiring an intermission of the extending force, i not the unlacing of the gaiter. In private practice, though several times called to see cases in which the limb was stated to be of the full length after the union was far advanced, I have not yet failed to detect, in every case treated by the simple gaiter, nearly half an inch of shortening. The proportion of cases of excoriation—though rarely to serious extent—has been very large in private life, and no inconsiderable share of the evil appears to me fairly chargeable to the intrinsic properties of this part of the apparatus.

(To be continued.)

Case of Chronic Diarrhœa, treated by the internal use of the Nitrate of Silver.

By W. M. McPHEETERS, Physician to the St. Louis Dispensary.

In the 51st number of the last volume of the Examiner, I saw a notice of "The internal use of nitrate of silver in inflammation of the intestines, by Dr. Macgreggor, of Dublin." About that time the following case came under my observation, in which I instituted the treatment recommended by Dr. Macgreggor, so far as the use of the nitrate of silver is concerned—which if you think of sufficient interest, you can insert in your valuable journal.

George G. æt. 40 years—for some time captain of the Philadelphia watch—of large frame and robust habits. Three years ago, while in New Orleans was attacked with diarrhœa, from which he has suffered ever since, averaging from nine to twelve stools a day; sometimes loosing all control over the sphincter, so that his discharges would pass off involuntarily. Has been treated by different physicians, as well as by quacks and empirics, but without material benefit.

January 10th, 1842, saw him for the first time in the following state:—Emaciation great, so weak as not to be able to stand alone, countenance anxious and care-worn, pulse feeble and a little excited. Bowels open from five to seven times a day, attended with bearing down pains—stools copious and frothy, of a yellow colour with some mucus. No blood; has never discovered blood in stool, at any time. No pain on pressure being made upon any part of the abdomen. Urine scanty, has been so throughout the disease, sometimes not more than an ounce during the day.

I ordered him a pill consisting of a grain of the nitrate of silver, a quarter of a grain of the watery extract of opium, and a grain and a half of the extract of gentian, three times a day. Diet light and farinaceous, with mucilaginous drinks. Ptyalism from the former use of mercury.

Jan. 12. Has had no stool since yesterday—feels more comfortable than he has for months. Treatment continued.

13. Had two stools since visit of yesterday, the first attended with considerable pain. Discharge of a tolerable consistency, without mucus.

15. Has had six stools since last visit, thin and watery with small portions of light colored fecal matter suspended. Complains of a dizziness on rising, and a glaring of the eyes. Pills discontinued. R. Salep powders, one three times a day, boiled in a pint of milk.

16. In the last 24 hours has had two stools—feels somewhat better, dizziness slight; appetite and thirst morbidly great.

17. Had three stools since yesterday, unattended with pain. Feels stronger and better than for several days past. Dizziness disappeared.

19. In the last 48 hours had five stools, unattended with pain and much less copious than formerly. Appetite and thirst more moderate.

23. Two days ago took cold from exposure, since which has been much worse. In the last 48 hours has had twelve or fourteen stools. R. Half a grain of nitrate of silver, with one-fourth of a grain of watery extract of opium, and a grain and a half of extract of gentian, three times a day.

24. Had no stool since last visit, feels better in every respect, strength improved. Powder and pills both continued.

28. Has continued to improve in strength since last visit; bowels open from three to four times in 24 hours.

Feb. 3. No material change—swelling in the feet and ankles. R. Mist. oleagin. ʒss. ter in die—bandages to legs. Pills discontinued.

10. Bowels still open from four to six times in 24 hours; feet about the same. Oil mixture discontinued, ordered starch injections with tr. opii. gtt. xv. ter in die.

18. Decidedly improved since last note. For several days past has had but one stool per day, of natural consistency. Swelling of legs diminishing; ptyalism improved.

March 4. Has continued to improve daily since last visit. Diarrhœa checked; general health and strength greatly increased. Powders continued with an occasional injection.

April 5. Patient entirely recovered, and returned to occupation.

In this case, notwithstanding the long continuance of the disease, there seemed to be no appreciable lesion of the intestines. Whether the patient derived any benefit from the use of the nitrate of silver, or not, is doubtful. The advantage in the salep* powders is that with them you can control the diet of the patient with great certainty.

St. Louis, 9th April, 1842.

BIBLIOGRAPHICAL NOTICES.

Homœopathy, and its kindred Delusions; two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By OLIVER WENDELL HOLMES, M. D. Boston, 1842.

We commend Dr. Holmes' book, particularly, to the few physicians of honest minds, who have been led away by the *ignis fatuus* of some isolated facts, to a sort of half-adoption of the principles of homœopathy. It is a most candid examination as well as thorough refutation of the new doctrine, and of the array of facts by which it is supported. As a proper preamble to the discussion of the prevailing delusion of the day, Dr. Holmes touches upon some of the popular fallacies of former days—now almost forgotten, but in their time received by some of the wisest and most distinguished of mankind. Of these, he notices especially, the Royal cure of the King's evil, the Unguentum Armentarium or Weapon ointment, Bishop Berkeley's Tar-water, and the Metallic Tractors, or Perkinism. The three former are of somewhat antiquated date, but the latter is of more recent notoriety. Perkinism, which flourished about forty years ago, consisted in the cure of diseases, by the local application of *metallic tractors*—two pieces of metal, one apparently iron and the other brass, about three inches long, blunt at one end and pointed at the other. They were applied by drawing them lightly over the part affected for about twenty minutes. The metallic tractors were the inventions of Dr. Elisha Perkins, of Norwich, Connecticut, who in 1796, took out a patent for them. They soon came into vogue, not only in this country, but in Europe, and for a while, enjoyed the patronage of a great number of distinguished individuals. Perkinism, like all quackeries, in time died a

*Of salep, gum tragacanth, sago, each four ounces, of cochineal half a drachm, and of prepared chalk, an ounce.



natural death. Dr. Holmes has disinterred it, to illustrate the more modern delusion, homœopathy.

Homœopathy he has of course very thoroughly used up—demonstrating the absurdity of its doctrines, and making clear the falseness of its facts. He discusses the subject with calmness, avoiding ridicule, and confining himself to argumentative refutation. This is certainly the right mode of handling such subjects, at least the only one likely to do good. We are satisfied that Dr. Holmes' lectures have done and will do much good.

A Circular Letter to the Physicians of Kentucky. 12mo. pp. 12.

A number of the physicians of Kentucky recently met at Frankfort in that state, to discuss the important subject of a reform in the mode of conferring medical degrees. At this conference, the following resolution was unanimously adopted :

“Resolved, That the interests of the medical profession, and of the public in general, would be promoted by the establishment of a board of examining physicians, who shall meet annually for the purpose of conferring diplomas on all candidates who may be found worthy, upon a rigorous examination.”

A circular address has been issued, in support of the foregoing resolution, in which the whole subject is very ably discussed. We hail with pleasure this movement, and believe that it will effect important changes in our system of medical education. The principle contended for we have repeatedly advocated in this journal, and we shall heartily co-operate with the efforts of our brethren of the profession throughout the country to give it practical force. We have always thought that much would be gained by separating the power to confer degrees from the business of teaching ; and we have little doubt that such a separation will in time be effected. The practical consequences of a change of system, will perhaps not in all respects meet the anticipations of our friends in Kentucky. It may be doubted whether “the immediate results of the establishment of a board of state examiners would be to throw medical teaching, in a great measure, into the hands of the practitioners throughout the state.” We believe, on the contrary, that it will continue to be centralized in the large cities, where the facilities for study are greater, although probably, as is suggested in the circular, the amount of teachers will be multiplied, and the classes be advantageously diminished in number. The circular judiciously disclaims feelings of hostility towards existing schools. These may usefully co-exist with an examining board, as in Ireland, where there are a dozen medical schools and but one college of physicians. The objects aimed at, are simply a higher and uniform degree of qualification for a diploma, and the privilege of candidates to qualify themselves with the teachers or lecturers of their own selection. We are sincerely glad that the physicians of Kentucky are awakening the attention of the profession to this subject.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL 23, 1842.

Rhatany in Fissure of the Anus.—The N. Y. Medical Gazette, April 13, says: "We find in the report of the Clinique of Prof. Trousseau, at Necker Hospital, four cases in which this very troublesome and painful affection has been cured by simple enemata of extract of Rhatany. The professor remarks that similar cases have been published before; they escaped our notice, however; the remedy is new to us and we shall most assuredly make trial of it the first opportunity that offers. It is indeed a most important improvement if we can substitute for a surgical operation, which is always painful and sometimes even dangerous, (for M. Trousseau reminds us that a distinguished Parisian Professor died from the operation,) a remedy so simple, so easily administered, and so perfectly innoxious as the injection of Rhatany root."

We have used the injections of rhatany in cases of fissure of the anus, prolapsus ani, leucorrhœa, menorrhagia, with great advantage. For the employment of this remedy in fissure of the anus, we are indebted to M. Bretonneau, of Tours, (see Med. Examiner for 1840, p. 551.) In our last volume (for 1841, p. 292,) we published some cases by Drs. Johnston and Biddle, in which the rhatany had been successfully used in the treatment of fissure and prolapsus of the anus, and leucorrhœa. We have since employed it in cases of the same character, and with the best results.

ANALECTA.

New Remedy.—Dr. C. J. EDWARDS, of Bath, in the Provincial Medical and Surgical Journal, Feb. 5th, introduces to the profession a new remedial agent under the name of "*clinkers*."

"Clinkers" is the refuse of the blacksmith's forge, and differs from common ashes and coke in its greater specific gravity, component parts, and external appearance. As a medicine in cachectic disorders, particularly those of females, it has been used for many years, by "knowing old women" in certain manufacturing districts; and the success which attends its exhibition, particularly in chlorotic disorders, is such as to have won for it the title of "specific."

The following is the formula for its preparation:—The bluest and heaviest clinker, being selected from a mass, is reduced to an impalpable powder (a work of no small difficulty, on account of its metalloïd nature). Any quantity of this powder may be mixed, with a sufficiency of treacle to form a stiff paste; and to every eight ounces of the mass half an ounce of magnesia, and the like quantity of ginger must be added. Thus formed, it is any thing but inviting to the eye; but this can be remedied by using honey in lieu of treacle, and adding half a drachm of the peroxide of iron to the compound.

The directions which accompanied the formula were as unique as the formula itself. It must be taken three successive days and nights (twice a day,) for three days; omitted for a like period, and so continued until

the course which has been decided upon should be finished. The dose is a teaspoonful. Absurd as these directions seem, they are not so ridiculous as they appear; for experience has demonstrated that constitutional irritation supervenes, unless some decided interval is allowed at stated periods during a course of this remedy.

Dr. Edwards first tested its powers in a number of patients in whom the exsanguineous state of the skin, and wasting of the muscular fibre, were indicative of the morbid manner in which the functions of the stomach, alimentary canal, and uterus were carried on. Within a month from commencing the use of the clinker, a striking improvement took place in the appearance of the patients, and before the termination of two months every unfavorable symptom disappeared. One case in particular is well worthy of especial notice, by reason of the scrofulous condition of the submaxillary glands and the ulcerated state in which one of them had been for several years, and which healed during the course of the new medicine.

I may observe, *en passant*, says Dr. E., that previously to a trial of the clinker, this young woman had been under professional treatment for some time, without deriving any benefit from it.

The pulse was weak, and nearly 100; catamenia irregular in appearance, variable in quantity, and unnatural in composition; appetite and sleep bad; tongue foul; and what perhaps, may be termed hysterical hypochondriasis, existed to a great degree. A gentle cathartic of infusion of senna, with tartrate of potash, was given for a few successive days before the clinker was commenced. She had not taken the new medicine six weeks, when most of the distressing symptoms disappeared, and her personal appearance became so improved, that her friends scarcely recognised in the ruddy girl before them, the pallid and unhealthy creature she had once been.

It appears greatly to benefit cases of simple indigestion, a few doses being capable of removing the most distressing symptoms. In that peculiar condition of the secretion of the bowels, which is said to favour the formation or propagation of worms, it has been proved advantageous in two ways—one, by its mechanical action, the other by its tonic properties. This was an accidental discovery, made during its trial in a case of leucorrhœa.

When the medicine is taken for the first time, a train of symptoms frequently supervenes, which would induce a stranger to its *modus operandi* to regard it as a dangerous compound. A great weight is felt in the epigastric region, accompanied with a burning sensation; sensations of sickness, followed by those of fainting, come on; these are soon relieved by eructations of flatus. Some complain of pains in the limbs, and particularly the joints; others of tightness across the forehead, with giddiness; while all are troubled with heat, dryness of the mouth, and great thirst. At the second dose the symptoms are moderated, and the third is generally taken with impunity. After it has been persevered with for a short time, sensations of a different character arise; these are hunger, and a feeling of health and energy, to which perhaps, the patient has been a stranger for many years; then the complexion, if pale, commonly receives a ruddy tint, and the muscular fibre becomes firm and enlarges. After the first dose the fæces are like pitch, the urine generally pale, and large in quantity; the bowels, if previously costive, become regular in their action; the pulse gets full, and the skin pleasantly relaxed.

To sum up its medicinal properties, it may be said that the clinker is tonic, stimulant, anthelmintic, and colorific, adapted generally to a leucophlegmatic

habit, and where dyspeptic, chlorotic, and scrofulous complaints exist; "its use would be contraindicated where an inflammatory diathesis prevails."

The quantity of metal which clinker contains varies considerably; the best is obtained from a blacksmith's forge, and the most ponderous, darkest, and metallic in appearance, is that only on which dependance can be placed. The light slate-colored clinker is inert.

I need not offer any remarks on the magnesia and ginger, which are added in the formation of the linctus; but I may observe that if the ginger be omitted, violent griping ensues. After the medicine has been given for a few weeks, no bad symptoms arise if it is exhibited more frequently than at the beginning of the course.

From the imperfect analysis which I have made of the clinker, I should say that, with the usual substances found in coal partially decomposed by heat, a metalline appearance pervades the mass, which seems to be iron combined with carbon, so as to form steel; no doubt the metal exists likewise, both as sulphuret and a carbonate of the protoxide, but neither of these would afford the blue tint for which the clinker is remarkable. That it is not titanium is evident, for that metal is "like burnished copper," and so little fusible, that the heat of the oxyhydrogen blowpipe, when in action, is scarcely able to touch it. Moreover, after employing all the usual tests, I was unable to detect titanium or its oxide.

That the singularly beneficial effects which the clinker produces in certain conditions of the system cannot result solely from the iron or steel which it contains, the experience we have of those metals and their preparations sufficiently declares; some new combination must exist, to effect such singular changes; what it is remains to be proved. Electricity has been advanced as the cause, but even admitting that galvanic currents could be generated, they would be so weak in power, and small in quantity, as to be incapable of producing any results, while their source would prove so limited, that the electric evolution would cease before the linctus could be formed.

Remarks on the Tape-Worm. By Professor WAWRUCH of Vienna.—Professor Wawruch has, during the last twenty years, had an opportunity of treating no fewer than 206 cases of persons affected with tape-worm, and as it falls to the lot of very few indeed to see anything like this number of cases, his observations on the causes, symptoms, and treatment are highly valuable.

He remarks that 71 cases occurred in males, and 135 in females. 22 were below 15 years of age, one only $3\frac{1}{2}$; but the disease was most frequent in those from 15 to 40 years of age. In one only the age was 54. The disease occurred chiefly among the lower classes residing on the banks of the Danube, in low damp habitations, and the causes which favoured the production of scrofula seemed also to give a predisposition to tape-worm.

Gastric and cutaneous affections, but especially gastric and intermittent fevers, seemed to precede the appearance of tenia in most cases; but other diseases, such as chlorosis, syphilis, scurvy, which are remarked to have a weaning influence on the digestive organs, were also observed to be followed by tape-worm. Almost all those who had tape-worm were subject to lumbrici in their youth. He does not think this is a hereditary disease; two instances alone having come under his notice, of parent and child being at the same time affected with the disease.

The diet which seemed especially to favour the generation of tape-worm was bad bread, farinaceous articles of food, milk, butter, cheese, potatoes, pork, mutton, and bad water.

In most cases the females affected with tape-worm had their menstrual secretions disordered, and were suffering in consequence.

The duration of the disease was from a few months to many years; cases having come under his notice where the disease lasted from ten to thirty-five years.

The *Botriocephalus* occurred in only three cases out of the 206 cases of tape-worm; the *Tænia solium* in all the rest.

The symptoms which attended the presence of tape-worm were very various, but those which appeared most constantly were the following:—Dull pain in the forehead, dizziness, and ringing in the ears; indistinct and troubled vision, in one case periodic day-blindness; eyes surrounded with a dark or blue circle; œdema of the upper eyelid; dilated pupils, frequent in voluntary spasms of the eyes. The colour of the countenance often changed; the lips were ash-coloured, and a particular appearance existed around the mouth and nose; sometimes they had a cachectic appearance, at other times they appeared to be in robust health. Anorexy, alternating with an appetite so voracious that if they did not get somewhat to satisfy the unnatural craving for food they almost fainted; cravings for particular kinds of food were also remarked. Fetid breath, a loaded tongue, salivation, and efforts to vomit, with pruritis of the nose, anus, &c., grinding of the teeth, palpitations, and general uneasiness were frequent symptoms. The belly was swollen, and a gurling sound was heard; there was present a feeling of constriction or pricking around the umbilicus; and the undulatory movements of a foreign body were felt in the intestines in the morning; but these sensations were relieved by the ingestion of food, or by drinking warm coffee and milk.

When the disease has lasted for a long time, and the persons are of an irritable constitution, a train of nervous symptoms make their appearance, as melancholia, lipothymia, frightful dreams, general or partial convulsions, St. Vitus's dance, epilepsy, aphonia, &c. But the most certain pathognomonic sign of the presence of tænia is the passing of one or more joints of the animal, which occurs spontaneously or after severe attacks of disease, as scarlatina, typhoid fevers, &c., or after the use of certain articles of food, as cucumbers, garlic, raddish, &c. The joints of the tænia are most generally thrown off at a determinate period, for the most part at the waning of the moon, or at the new moon, at which time there is an exacerbation of all the symptoms. The joints of the tape-worm are either passed alone, or along with the stools; they generally exhibit signs of life, and the larger the number of joints the longer do they continue to live.

The whole 206 cases were treated alike; but no cure was ever attempted, so long as there existed a decidedly cachectic state, chronic inflammation of the intestines, chronic diarrhœa, hæmorrhoides, or pregnancy; and the treatment was always deferred in females till six days after the menstrual period. The patients were subjected to a preparatory treatment which Professor Wawruch considered indispensable in all. He therefore gave them daily for three or four days a simple demulcent decoction, with sal ammoniac, and confined their diet to beef-tea three times a day. In eight cases this rigid diet sufficed to expel the tape-worm. The evening before the proper treatment commenced, he administered to his patient a dose of fat

soup without salt, and after that an enema, which was repeated the next day, but not immediately after the soup or the anthelmintics. These consist of two ounces of castor oil, which is taken during the day in divided doses, alternated with the powdered root of ~~the male fern~~, in the dose of from fifteen to thirty grains. To aid the passage of the worm into the large intestines, an enema with oil or milk was administered after every dose of oil and fern-root. The tape-worm was always more sure to be expelled when a drastic purgative composed of equal parts of calomel, gamboge, and sugar, two to eight grains of each, was given. It was frequently necessary to repeat this dose from three to six times before the worm was expelled. In a few cases strong doses of the drastic purgative had no effect in evacuating the bowels, in which case the sulphate of potash generally succeeded.

When the tape-worm was expelled in a mass, the whole animal appeared to come away, as no medicines afterwards administered brought away even a single joint; and in all those who had taken the male-fern powder, the worm was found torn in pieces, even the single joints were broken up. The periods at which the worm was expelled varied. Thus eight were expelled in consequence of the preparatory regimen; 13 by the anthelmintics; 11 by the first dose of the drastic purgative; 14 by the second dose; and 15 by the third, and, in general, between the first and second hour after the administration of the drastic purgative. In some cases it was the second, third, and fourth day before the worm was expelled, and in one only it was the twelfth day. The morbid symptoms disappeared so rapidly after the expulsion of the tape-worm, that the patients generally quitted the hospital the second day thereafter.

Of the 206 patients, in twenty the complaint returned a second time; in five, a third time; and in one, a fourth time, at periods of time varying from one month to two years. Of the 206 patients, 151 were cured; 17 were not subjected to any treatment; the occurrence of unfavorable symptoms caused the treatment to be suddenly stopped in 19; in 13 the remedies were administered during full moon and failed; and in 6 there existed lumbrici. It is mentioned as a curious fact, that when lumbrici existed in the intestinal tube, the treatment had no effect on the tæniæ, but expelled the lumbrici alone.—*Ed. Med. and Surg. Journ., from Med. Jahr. des Oester. Staates.* February, 1841.

Dr. Hope on the treatment of Acute Rheumatism.—After one full bleeding, or even two in robust subjects, but without any bleeding in the feeble and delicate, I give, every night, gr. vii. of calomel with one and a half of opium, or gr. x. of calomel with gr. ij. of opium, according to the age and severity of the symptoms. This is followed every morning by inf. sennæ c. ʒiiss. magnesiæ sulph. ʒij., and mannæ ʒj., which should act at least four or five times. In addition, I generally give the following draught thrice a day, as it has appeared to me to expedite the cure—partly, perhaps, by the additional opiate, and partly by the sedative effect of the colchicum. R Vini colchici, m. xv. ad xx.; pulv. ipecac. comp. gr. v.; mist. salin. ʒx.; syrapi, ʒj m ft. haustus.

When the pain and swelling are greatly abated if not almost gone, (which often happens within two days, and almost always within four,) I omit the calomel, or, if the gums become in the slightest degree tender, I omit it even earlier. The opium, I continue, to the extent of gr. j. or iss. at bedtime,

and in severe cases I add a grain at noon—for, without an anodyne, the pains are apt to recur. I also continue the colchicum draughts and the senna draught.

No local treatment is necessary beyond warm or cold applications according as the patient finds them agreeable.

If the patient is not well in a week, I consider it a case of exception; and the exceptions are generally in those who are subject to rheumatism, and who, therefore, usually have it in a more obstinate, chronic form. The advantages of this plan are, 1. The patient is generally well, sound, and fit for work in a week or ten days after the pains have ceased. 2. The gums are rarely affected—especially if it be previously ascertained that the patient has not a peculiar susceptibility of the action of mercury. 3. *It is rare to see inflammation of the heart supervene*, if the treatment is early commenced: I think that about one case in twelve would be the maximum in my practice. 4. If the slightest symptoms of pericarditis or endocarditis do supervene, a few additional doses of calomel and opium, (as gr. v. of calomel with gr. j. of opium, every four or six hours,) will generally affect the constitution in twenty or thirty hours, which, with two or three cuppings or leechings on the præcordial region, almost always places the patient in a state of safety. I have never lost a patient by rheumatic inflammation of the heart since I have employed this plan, and I have been told by other hospital physicians that they have been scarcely less successful.

Active chronic rheumatism. Here calomel and opium may be given in smaller doses, as gr. v. of calomel and gr. j. of opium, every night; but they require to be continued for a longer time, as five or six nights. Care should, however, be taken to stop short of ptyalism, especially in the scrofulous. The other particulars of the treatment are the same as in the acute form. Local treatment, however, is more beneficial than in the latter: namely, the bleedings, if necessary, may be local instead of general, and blisters, liniments, plasters, &c. may ultimately be employed if a joint continues obstinately affected.

I cannot doubt that the opium contributes importantly to the cure—perhaps by allaying pain, and thus diminishing the irritative fever dependant on it; or, possibly by modifying in some unknown way the vital constitution of the blood. However this be, I have assured myself of the fact that opiates and purging alone, will cure many cases of acute rheumatism remarkably well. Others have used different narcotics with similar success. My friend, Dr. Lombard of Geneva, states that he has had remarkable success with the spirituous extract of aconite, in doses of gr. half, gradually increased to gr. ij. or even iij. every three hours. I have also heard that ℥j. of conium daily, in divided doses, has produced good results.

M. Bouillaud has lately extolled, and introduced to his countrymen, apparently as a novelty, the plan of copious and frequent bleeding at short intervals for acute rheumatism. This plan, which is as old as Sydenham, and which I saw carried to its utmost limits, in Scotland, nearly twenty years ago, is not to be compared in efficacy with the plan above described, either as a prompt means of curing rheumatism, or an effectual mode of preventing inflammation of the heart; while it has the advantage of exceedingly reducing the strength, and rendering convalescence very protracted. I readily admit, however that I have seen many cases promptly and effectually cured by this plan.